

Whether the Institution is a Trust, Society or a Company registered under the relevant legislation or some other body (please specify)

(Furnish the true copies of the Memorandum of Association and Article of Association alongwith Registration Certificate).

5. In-charge of the Institution:

(give his name, addresses, age, qualifications and experience, telephone numbers -office and home, fax, mobile, e-mail address, etc. .

1. Name:(15 characters): [S][][E][][T] [A][N][K][R][S][H] [][][][][]
2. Age as on application date: [S][9]
3. Qualifications: (specify) . M . A .

Qualification Code:[0][2]

(Give 1 for Graduate, 2 for Post-Graduate, 3 for others)

4. Experience (in years in insurance training of the candidates) [][]

6. Aims and objectives of the Institute

7. Details of infrastructure:-

- i. Premises – whether leasehold or free-hold or rented
- ii. No. of classrooms and other particulars, if any.

1. Premises Code: [1] (give 1 for freehold, 2 for lease hold, 3 for rented premises)
2. Number of Class Rooms: [0][2]

1. The Fee per candidate to be charged for the training .

1. Average Training Period (in hours): [][]
2. Fee per hour (in rupees): [][][][]

2. Details about the Faculty, names of Faculty Members and their qualifications, experience and number of years of association with the Institution.

1. Total number of faculty members: [][][]
2. Break-up of faculty members: Male:[][], Female:[][]
3. Break-up of faculty members: Graduate:[][], Post-Graduate:[][], Others:[][]

3. Details of library facility available, reading arrangement for the trainees and the number of books held in the library.

* All mandatory books would be made available as per IRDA Regulation, apart from books on banking.

10.1 No. of books:[2][5][0][][]

4. Details of programs conducted (relevant details may be given about the number of programs, number of trainees attended the session and feedback, if any).

1. No. of Training programs per year:[][][]
2. No. of Trainees [][][][][]

5. Training equipment – Audio and Video facility available at the training Institution.
 1. Facilities: [2] 0:None, 1: only Audio, 2: only Video, 3: Both Audio and Video
6. Other activities of the Training Institution (Please give details whether the Institution is involved in any activity other than training). Also kindly indicate about the training activity for any other courses. *Bank & Staff Training*
7. Affiliations – (Please mention here whether the training Institution is affiliated to any other National/International Institution.
8. Details of communication linkages – whether the training Institution publishes any Newsletters/bulletins etc., if so, please give details and attach copies thereof.
9. Future plans of expansion of the Training Institution.
10. Any other information that can be of interest to the Authority pertaining to the Institution.

Certification:-

We certify that the above information furnished in connection with accreditation of our training Institution for the purpose of Agency Licensing Requirements to the Authority is true and we shall abide by the directions that may be issued by the Authority under the provisions of the Insurance Act, 1938 and Insurance Regulatory and Development Act, 1999.

Name and Signature of the Applicant

Place: _____ Designation

Date _____ Seal of the Institute

Frank Gurney



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L. S. Ganesh



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[Handwritten Signature]

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